

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/569483

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5		/		/		
6	/		/			
7		/		/		
8		/		/		
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10	/		/			
11		0		/		
12	/		/			
13		/		/		
14	/		/			
15		/		/		
16		/		/		
17	/		/			
18	/		/			
19		2		/		
20		2		/		
21		2		/		
22	/		/			
23	/		/			
24		2		/		
25		2		/		
26		2		/		
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28	/		/			
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48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	16	↓		↓		↓
TOTAL DEP.	45	←		←		←
TOTAL CLAIMS	61					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						